

PRISONER'S CIVIL RIGHTS COMPLAINT (Rev. 05/2015)

CLERK OF DISTRICT COURT
NORTHERN DIST. OF TX
FORT WORTH DIVISION
FILED

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF TEXAS
Fort Worth Division

2020 SEP -8 PM 2:14
DEPUTY CLERK mw

Tammy Marie Latham #38333-479

Plaintiff's Name and ID Number

FMC, Carswell
Place of Confinement

4-20CV-1000P
CASE NO. _____
(Clerk will assign the number)

v.

Warden Carr
Defendant's Name and Address

FMC - Carswell
Defendant's Name and Address

Defendant's Name and Address
(DO NOT USE "ET AL.")

INSTRUCTIONS - READ CAREFULLY

NOTICE:

Your complaint is subject to dismissal unless it conforms to these instructions and this form.

1. To start an action you must file an original and one copy of your complaint with the court. You should keep a copy of the complaint for your own records.
2. Your complaint must be legibly handwritten, in ink, or typewritten. You, the plaintiff, must sign and declare under penalty of perjury that the facts are correct. If you need additional space, **DO NOT USE THE REVERSE SIDE OR BACK SIDE OF ANY PAGE.** ATTACH AN ADDITIONAL BLANK PAGE AND WRITE ON IT.
3. You must file a separate complaint for each claim you have unless the various claims are all related to the same incident or issue or are all against the same defendant, Rule 18, Federal Rules of Civil Procedure. Make a short and plain statement of your claim, Rule 8, Federal Rules of Civil Procedure.
4. When these forms are completed, mail the original and one copy to the clerk of the United States district court for the appropriate district of Texas in the division where one or more named defendants are located, or where the incident giving rise to your claim for relief occurred. If you are confined in the Texas Department of Criminal Justice, Correctional Institutions Division (TDCJ-CID), the list labeled as "VENUE LIST" is posted in your unit law library. It is a list of the Texas prison units indicating the appropriate district court, the division and an address list of the divisional clerks.

FILING FEE AND *IN FORMA PAUPERIS* (IFP)

1. In order for your complaint to be filed, it must be accompanied by the statutory filing fee of \$350.00 plus an administrative fee of \$50.00 for a total fee of **\$400.00**.
2. If you do not have the necessary funds to pay the fee in full at this time, you may request permission to proceed *in forma pauperis*. In this event you must complete the application to proceed *in forma pauperis*, setting forth information to establish your inability to prepay the fees and costs or give security therefor. You must also include a current six-month history of your inmate trust account. If you are an inmate in TDCJ-CID, you can acquire the application to proceed *in forma pauperis* and the certificate of inmate trust account, also known as *in forma pauperis* data sheet, from the law library at your prison unit.
3. The Prison Litigation Reform Act of 1995 (PLRA) provides "... if a prisoner brings a civil action or files an appeal *in forma pauperis*, the prisoner shall be required to pay the full amount of a filing fee." See 28 U.S.C. § 1915. Thus, the court is required to assess and, when funds exist, collect, the entire filing fee or an initial partial filing fee and monthly installments until the entire amount of the filing fee has been paid by the prisoner. If you submit the application to proceed *in forma pauperis*, the court will apply 28 U.S.C. § 1915 and, if appropriate, assess and collect the entire filing fee or an initial partial filing fee, then monthly installments from your inmate trust account, until the entire \$350.00 statutory filing fee has been paid. (The \$50.00 administrative fee does not apply to cases proceeding *in forma pauperis*.)
4. If you intend to seek *in forma pauperis* status, do not send your complaint without an application to proceed *in forma pauperis* and the certificate of inmate trust account. Complete all essential paperwork before submitting it to the court.

CHANGE OF ADDRESS

It is your responsibility to inform the court of any change of address and its effective date. Such notice should be marked "**NOTICE TO THE COURT OF CHANGE OF ADDRESS**" and shall not include any motion for any other relief. Failure to file a NOTICE TO THE COURT OF CHANGE OF ADDRESS may result in the dismissal of your complaint pursuant to Rule 41(b), Federal Rules of Civil Procedure.

I. PREVIOUS LAWSUITS:

- A. Have you filed *any* other lawsuit in state or federal court relating to your imprisonment? ___ YES ☒ NO
- B. If your answer to "A" is "yes," describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, giving the same information.)
 1. Approximate date of filing lawsuit: _____
 2. Parties to previous lawsuit:

Plaintiff(s) _____

Defendant(s) _____
 3. Court: (If federal, name the district; if state, name the county.) _____
 4. Cause number: _____
 5. Name of judge to whom case was assigned: _____
 6. Disposition: (Was the case dismissed, appealed, still pending?) _____
 7. Approximate date of disposition: _____

II. PLACE OF PRESENT CONFINEMENT: FMC-Carswell

III. EXHAUSTION OF GRIEVANCE PROCEDURES:

Have you exhausted all steps of the institutional grievance procedure? X YES NO

Attach a copy of your final step of the grievance procedure with the response supplied by the institution.

IV. PARTIES TO THIS SUIT:

A. Name and address of plaintiff: Tommy Latham #38333479
FMC-Carswell PO Box 27137 Ft Worth TX. 76127
Unit 3 South

B. Full name of each defendant, his official position, his place of employment, and his full mailing address.

Defendant #1: Warden Carr FMC-Carswell
Fort Worth TX. 76127

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Did not take proper precautions for Covid / Did not provide proper quarantine
Did not provide proper sanitizers, hand soap, mask, hygiene, health care

Defendant #2: _____

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Defendant #3: _____

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Defendant #4: _____

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Defendant #5: _____

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

V. STATEMENT OF CLAIM:

State here in a short and plain statement the facts of your case, that is, what happened, where did it happen, when did it happen, and who was involved. Describe how each defendant is involved. You need not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach extra pages if necessary, but remember the complaint must be stated briefly and concisely. IF YOU VIOLATE THIS RULE, THE COURT MAY STRIKE YOUR COMPLAINT.

Since the beginning of this pandemic Warden Carr has not provided proper safety, health care, cleaning supplies, hygenes, hand soap, hand sanitizer, denied access to health care, mental health, continued to move inmates, mask are not CDC approved, instruments used failed, Did not inform inmates of concerns, denied access to printers/copiers for legal mail, denied access to TEAM, to family, to store for hygenes/stamps, served cold meals that had rotten milk, moldy muffins, sour meat, moldy bread, unnutritious still only receiving one hot meal, not answering request & emp out continue on 2nd page

VI. RELIEF:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I want to be granted release with no legal ties such as probation and for the Warden to pay for addition medical cost and settlement for pain and suffering

VII. GENERAL BACKGROUND INFORMATION:

A. State, in complete form, all names you have ever used or been known by including any and all aliases.

Tammy Marie Latham and Tammy Marie Marcus and Tammy Marie Pennington

B. List all TDCJ-CID identification numbers you have ever been assigned and all other state or federal prison or FBI numbers ever assigned to you.

The only one I know is the current one 38333479

VIII. SANCTIONS:

A. Have you been sanctioned by any court as a result of any lawsuit you have filed? YES ☒ NO

B. If your answer is "yes," give the following information for every lawsuit in which sanctions were imposed. (If more than one, use another piece of paper and answer the same questions.)

1. Court that imposed sanctions (if federal, give the district and division): _____

2. Case number: _____

3. Approximate date sanctions were imposed: _____

4. Have the sanctions been lifted or otherwise satisfied? YES NO

Continuence

We not only were treated as ~~febit~~ deceased animals, we were constantly screamed at by Lt Anthony and Lt Butler. We were belittled and our concerns and worries were not addressed. I went from an open unit of 96 women to testing positive because no measures were taken to prevent it. Then moved to a unit with over 200 women that are positive. We were in an 8X10 room / 4 women in a room / 4 beds only 2ft apart, and a shower curtain placed on doors with a 12 in gap on the bottom. Was yelled at starting at 6AM to get Chow, take shower, check temps, clean rooms, use phones, and computers with no chance to rest and recover. There was only 6 phones / 5 computers for over 200 women so if we could not reach family at 6AM or when guard called us, we were passed up. I have continued to request a compassionate release, been denied for reasons beyond my control. Have been denied TEAM access, access to printer, copier, law library, proper Administrative Remedies needed, phone calls, and emails. I am still having these problems at this time. This week alone I have asked for printouts, copies, and legal mail to be picked up and have yet ~~been~~ able to relieve anything which puts a hold on this and my compassionate release appeal. I was bottom bunk / ~~lower~~ level restricted and was moved to the high rise after I tested positive for covid, was put on second floor, was not allowed to ~~ride~~ ride elevator, and had to climb 3 flights of stairs. When I informed medical and warden I was

told I must see provider. Took 3 weeks to get no climbing pass, then was moved back to hospital part of facility. Guards were not being properly tested coming in here, not wearing their own mask. Phones and computers not sanitized, was made to be inspection ready and in uniform from 7:30 - 4pm on a lock down. No TV, no batteries for radios, no access to books, and total chaos everyday that led to the rapid spread of Covid to almost the entire facility. Family and friends concerned calls being told the inmate was here and safe. mail being returned with no notices, mail going out disappearing, receiving only 2 pages of 8 page letters. Not being able to send legal mail or seal it. Legal mail being opened that is clearly marked "Legal mail" (outgoing and incoming) Books and pictures being returned with no notification of why. Programming not available, outside recreation taken, just the simple treatment of being despicable / unimportant / Deaths on this facility that could of been prevented.

- C. Has any court ever warned or notified you that sanctions could be imposed? _____ YES ☒ NO
- D. If your answer is "yes," give the following information for every lawsuit in which a warning was issued. (If more than one, use another piece of paper and answer the same questions.)
1. Court that issued warning (if federal, give the district and division): _____
 2. Case number: _____
 3. Approximate date warning was issued: _____

Executed on: 8/27/20
DATE


(Signature of Plaintiff)

PLAINTIFF'S DECLARATIONS

1. I declare under penalty of perjury all facts presented in this complaint and attachments thereto are true and correct.
2. I understand, if I am released or transferred, it is my responsibility to keep the court informed of my current mailing address and failure to do so may result in the dismissal of this lawsuit.
3. I understand I must exhaust all available administrative remedies prior to filing this lawsuit.
4. I understand I am prohibited from bringing an *in forma pauperis* lawsuit if I have brought three or more civil actions or appeals (from a judgment in a civil action) in a court of the United States while incarcerated or detained in any facility, which lawsuits were dismissed on the ground they were frivolous, malicious, or failed to state a claim upon which relief may be granted, unless I am under imminent danger of serious physical injury.
5. I understand even if I am allowed to proceed without prepayment of costs, I am responsible for the entire filing fee and costs assessed by the court, which shall be deducted in accordance with the law from my inmate trust account by my custodian until the filing fee is paid.

Signed this 27th day of August, 20 20.
(Day) (month) (year)


(Signature of Plaintiff)

WARNING: Plaintiff is advised any false or deliberately misleading information provided in response to the above questions may result in the imposition of sanctions. The sanctions the court may impose include, but are not limited to, monetary sanctions and the dismissal of this action with prejudice.

CLERK OF DISTRICT COURT
NORTHERN DIST. OF TX
FORT WORTH DIVISION
RECEIVED

To Whom It may Concern

2020 SEP -8 PM 2:14

8/28/20

DEPUTY CLERK ^{NEW} 4-20CV-1000P

I do know that it says to mail in original and one copy, but I am unable to access copies at this time. I could not even keep copy for myself, so I would pray that you would be able to send me a copy of the original and make the extra copy I need. I've continued to ask TEAM Counselor for copies and print outs and have yet to get a response other than "Not Now." I do know that if I had access to a copier or my TEAM was doing thier job, I'd had the proper copies made.

Thank you
Tammy Latham
38333479

Name Tommy Lettman
Reg. No. 50333479
Federal Medical Center, Carswell
P.O. Box 27137
Ft. Worth, TX 76127

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
RECEIVED
2020 SEP -3 PM 12:23

SECURITY CLERK



JACKSONVILLE, FL 322
THU 03 SEP 2020 PM

FM Carswell
P.O. Box 27066
Fort Worth, TX 76127
Mailed: 8-31-20

The enclosed letter was processed through special mailing procedures for forwarding to you. The letter has neither been opened nor inspected. If the writer raises a question or problem over which this facility has jurisdiction, you may wish to return the material for further information or clarification. (4)

Office of the Clerk of the
US District Court
501 W. Tenth Street Rm #310
Fort Worth TX. 76102

Legal
Mail